

COVERAGE INFORMATION

*1030 suggested format
for requesting coverage*

Specific area(s) to be covered _____

Resolution _____

Scale _____

Sun Angle

Minimum _____

Maximum _____

Obliquity constraints _____

Percent Cloud Free

Desired _____

Acceptable _____

Other coverage restraints (Season, time of day, snow,
vegetation, etc.) _____

Starting date desired _____

Completion date desired _____

Film type _____

Overlap

Forward overlap _____

Side overlap _____

Frequency

One-time _____

Update cycle _____

Estimate of square nautical miles for one-time coverage _____

Estimate of recoverage necessary _____

Other requirements or constraints _____

Delivery address for film _____

Fund citation to support request (where applicable) _____

Requester--point of contact

Name _____

Organization _____

Address _____

Phone number _____

Reproduction instructions

Copies of negatives or positives

Original negative _____

Dupe negative _____

Dupe positive _____

Film format (frame size) _____

Titling format _____

Size of original cuts (roll lengths) _____

Method of disposition _____

Classification _____

Priority _____